



UNITED STATES OF AMERICA

TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

(AGENCY)

2. TRAVEL NO.: 1001 099552

Allotment

Obligation

3. DATE

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Mr. Gayle Corry
U.S. Department of State
Washington, D.C.

5. AUTHORIZING OFFICE

6. SOC. SEC. NUMBER

7. APPLICABLE REGULATIONS

FSTR

FTR

OTHER

(Specify)

8. ITINERARY, PURPOSE, REMARKS AND SPECIAL INSTRUCTIONS AND AUTHORIZATIONS

Itinerary: Between Washington, D.C., and New York, N.Y., for the period covering September 21, 1980, thru September 30, 1980.

Purpose: To attend the UNCTAD

TRAVEL VIA AIR IS AUTHORIZED

ACTUAL SUBSISTENCE NOT TO EXCEED \$25.00 FOR EACH CALENDAR DAY OR FRACTION THEREOF IS AUTHORIZED

THE USE OF TAXICABS BETWEEN PLACE OF LODGING AND PLACE OF OFFICIAL BUSINESS AND BETWEEN PLACES OF OFFICIAL BUSINESS AUTHORIZED

9. LIQUIDATION RECORD

Date (A)	Description (B) CDC/ME	Posted By (C)	Obligation Authorized (D)	Obligation Liquidated (E)	Unliquidated Balance (F)
	REVIEWED BY Tolman DATE 2/11/81				
	RDG OF ADJ. TEXT DATE				
	TS-1				
	ENDO IN EXISTING				
	DECL				
	RELE (SEE DAWHOF)				
	PA OF FOI EXEMPTIONS				

10. TRAVEL REQUESTED BY

Name: Robert Aylmer
Title: Staff Assistant

11. FUNDS AVAILABLE

Name: Albert Jarek
Title: Budget Officer

12. AUTHORIZING OFFICER

Name: Albert Jarek
Title: Budget Officer

13. ACCOUNTING CLASSIFICATION CODES The coding (A through D) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, TR's, GB/L's, etc. (For USIA, A through F must be shown.)

A. Appropriation	B. Allotment	C. Obligation	D. Organization/Function (USIA: Sub-Cost/Activity Center)	E. Object (USIA: Function)	F. Sub-Subject (USIA: Resource)	G. Amount
1900123	1901	099552	010101	2151		\$200.00

OPTIONAL FORM 144 (Rev. 3-2-77)
Dept. of State

(SEE REVERSE FOR PRIVACY STATEMENT)

COPY 6 - ORIGINATING OFFICE

50144-102

UNITED STATES OF AMERICA

2. TRAVEL NO.:

1001 099552



UNITED STATES DEPARTMENT OF STATE
TRAVEL AUTHORITY DUTY (TAD) (Form 101-1)
U.S. DEPARTMENT OF STATE

(AGENCY) -

Attachment - Obligation
3. DATE 9/16/50

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Mr. C. C. ...
U.S. ...
Washington

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

☐ FSTR ☐ FTR

6. ITINERARY

Itinerary

Purpose

TRAVEL

ACTUAL

FRAC

THE U.S.

BUSINESS

Date

(A)

TRV

RD

TS

EM

DEC

MEM

PA

10. TRAVEL R

Name

Title

Memo

Title

13. ACCOUNT
authority

A. Appropriation

1950

OPTIONAL FORM
Dept. of State

Allocation Obligation

3. DATE **9/19/50**

You are hereby authorized to perform official travel as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Mr. John E. Tattler
U.S. Department of State S/PRESS

5. AUTHORIZING OFFICE

6. SOC. SEC. NUMBER

7. APPLICABLE REGULATIONS

☐ GSA ☐ FTD

OTHER _____
 (Specify)

8. PURPOSE, DURATION, DETAILED INSTRUCTIONS AND AUTHORIZATIONS

TO: [illegible]
 FROM: [illegible]
 SUBJECT: [illegible]
 DURATION: [illegible]
 DETAILED INSTRUCTIONS: [illegible]
 AUTHORIZATIONS: [illegible]

9. LIQUIDATION RECORD

Description (A)	Posted By (C)	Obligation Authorized (B)	Obligation Exhausted (D)	Unliquidated Balance (E)

10. REQUESTED BY

John E. Tattler
Staff Assistant

11. FUNDS AVAILABLE

Name: **Albert Jacob**
 Title: **Staff Officer**

12. AUTHORIZING OFFICER

Name: **Albert Jacob**
 Title: **Staff Officer**

NOTE: CLASSIFICATION CODES - The coding (A through D) must be shown on all documents and must appear on all vouchers, invoices, TR's, GDL's, etc. (For UCL, A, B, C, D)

A. [illegible] B. [illegible] C. [illegible]

D. Organization [illegible]

U.S. DEPARTMENT OF STATE Allegation Obligation																																																			
(AGENCY)																																																			
3. DATE 9/16/86																																																			
You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.																																																			
4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel) Mr. Harold H. Hines 1000 14th St. N.W. Washington, D.C. 20005	5. AUTHORIZING OFFICE 8 U.S. DEPT. OF STATE																																																		
7. APPLICABLE REGULATIONS ☐ GSA ☐ FPMR ☐ OTHER (Specify)																																																			
6. INFORMATION REQUIRED <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 15%;">Location</th> <th style="width: 15%;">Purpose</th> <th style="width: 15%;">Official</th> <th style="width: 15%;">Remarks</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>		Date	Location	Purpose	Official	Remarks																																													
Date	Location	Purpose	Official	Remarks																																															
10. TRAVEL REQUESTED BY Mr. Robert A. Hines Mr. Robert A. Hines	11. FUNDS AVAILABLE Mr. Robert A. Hines Mr. Robert A. Hines	12. AUTHORIZING OFFICER Mr. Robert A. Hines Mr. Robert A. Hines																																																	



U.S. Department of State
(AGENCY)

Attachment: Obligation

3. DATE 9/17/00

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel) Mr. [Name] [Address] [City] [State] [Zip]	5. AUTHORIZING OFFICE [Signature] [Title] [Office]	7. APPLICABLE REGULATIONS ☐ ESTD ☐ GTR (Specify)
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Travel to [Location] and [Location]

On [Date] to [Date]

For [Purpose] of [Agency]

Amount of [Amount] for [Purpose]

9. INFORMATION REQUIRED

10. DATE	11. PURPOSE	12. OFFICE	13. AMOUNT	14. PERIOD	15. COMMENTS
[Date]	[Purpose]	[Office]	[Amount]	[Period]	[Comments]

10. TRAVEL REQUESTED BY

Name: [Name]
Title: [Title]

11. FUNDS AVAILABLE

Name: [Name]
Title: [Title]

12. AUTHORIZING OFFICER

Name: [Name]
Title: [Title]

(AGENCY)		3. DATE 9/27/80
You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.		
4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)	5. AUTHORIZING OFFICE	7. APPLICABLE REGULATIONS
Mr. Maria Vasquez U.S. Department of Health OPO-7	5 GPOC, OGC, HHS	☐ FSTR ☐ FTR STUDY (Specify)

6. EXPLANATION OF PURPOSE, DATES, AND OTHER INFORMATION

Travel to the Department of Health
to attend to a business
meeting of the Department of Health
on the 28th of September 1980.
The purpose of the trip is to attend
to a business meeting of the Department
of Health on the 28th of September 1980.

8. TRAVEL DATA

Mode	Class	From	To	Class	From	To	Class	From	To
Auto	10	San Francisco	San Francisco	Auto	10	San Francisco	San Francisco	Auto	10

10. TRAVEL REQUESTED BY Name: Robert Lyman Title: Staff Assistant	11. FUNDS AVAILABLE Name: Albert Jacob Title: Budget Officer	12. AUTHORIZING OFFICER Name: Albert Jacob Title: Budget Officer
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9. AUTHORIZING CLASSIFICATION (If any) - The following is the classification of the information contained in this document.

(AGENCY)		3. DATE <u>9/10/99</u>	
You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.			
4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel) <u>Mr. Robert Ayler</u> <u>1111 1st St. N.E.</u> <u>Washington, D.C. 20002</u>		5. AUTHORIZING OFFICE <u>60506. SEC. NUMBER</u>	
6. APPLICABLE REGULATIONS ☐ FSTR ☐ FTR		7. AUTHORIZING OFFICER <u>Albert J. Smith</u>	
8. DETAILED DESCRIPTION OF TRAVEL (Include dates, destinations, and purpose of travel)			
9. INFORMATION REQUIRED			
9a. DATE	9b. DURATION	9c. DESTINATION	9d. PURPOSE
<u>9/10/99</u>	<u>10/1/99</u>	<u>Washington, D.C.</u>	<u>Official Business</u>
10. TRAVEL REQUESTED BY <u>Mr. Robert Ayler</u>			
11. FUNDS AVAILABLE <u>Albert J. Smith</u>			
12. AUTHORIZING OFFICER <u>Albert J. Smith</u>			

U.S. DEPARTMENT OF AGRICULTURE (AGENCY)	3. DATE 9/16/80
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You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel) Mr. Harry V. Kennedy Washington, D.C.	5. AUTHORIZING OFFICE 9 CHIEF, REC. DIVISION	7. APPLICABLE REGULATIONS ☐ FSTR ☐ FTR OTHER (Specify):
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6. PURPOSE OF TRIP

To participate in the USA

7. DATES OF TRIP

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10. TRAVEL REQUESTED BY Name: Robert Asmus Title: Chief Accountant	11. FUNDS AVAILABLE Name: Robert Asmus Title: Chief Accountant	12. AUTHORIZING OFFICER Name: Robert Asmus Title: Chief Accountant
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This document is to be used for the purpose of authorizing travel. It is not to be used for any other purpose.

(AGENCY)		9. DATE 9/16/00
You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.		
4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)	5. AUTHORIZING OFFICE	7. APPLICABLE REGULATIONS
Mr. Robert Ayler Director of Operations Department of Defense 2033 R Street, N.W. Washington, D.C. 20330	8 Department of Defense Office of Management and Administration 2033 R Street, N.W. Washington, D.C. 20330	☐ ESTD ☐ PTR 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30.
10. TRAVEL REQUESTED BY Name: Robert Ayler Title: Chief Analyst		
11. FUNDS AVAILABLE Name: Robert Ayler Title: Chief Analyst		
12. AUTHORIZING OFFICIAL Name: Robert Ayler Title: Chief Analyst		



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY)

100-100000

Allotment

Obligation

3. DATE

9/17/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

1. NAME OF THE TRAVELER 2. DUTY ASSIGNMENT 3. AUTHORIZING OFFICE 4. APPLICABLE REGULATION

5. ITINERARY, PURPOSE, DURATION AND SPECIAL INSTRUCTIONS AND AUTHORIZED LIMITS

6. APPROVALS AND SIGNATURES



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY) **FOR**

Allotment

Obligation

3. DATE **9/17/80**

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel) 5. AUTHORIZING OFFICE 7. APPLICABLE REGULATIONS

1. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

1. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)



UNITED STATES OF AMERICA

TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

2 TRAVEL NO. **1001 030506**

(X69)



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY) 133 Y-2244

Allotment

Obligation

3. DATE

9/25/88

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

8. THIS TRIP, ON DATE, IS MADE FOR SPECIAL DUTY AND SPECIFIC PURPOSES AND AUTHORIZATIONS

FOR OFFICIAL USE ONLY (FOUO) - This document contains information that is exempt from public release under the Freedom of Information Act (5 U.S.C. 552). It is to be controlled, stored, handled, transmitted, and disposed of in accordance with the FOUO policy. It is not to be released to the public or other personnel who do not have a valid "need-to-know" without prior approval of the appropriate authority.

APPROVED FOR TRAVEL: _____
DATE: _____
BY: _____
TITLE: _____
OFFICE: _____
AGENCY: _____



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

Alotment - Obligation

3. DATE 9/16/80

(AGENCY) THE TRAVEL

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

1. PURPOSE OF TRIP, DATES, ROUTE, AND SPECIAL INSTRUCTIONS AND LIMITATIONS

1. PURPOSE OF TRIP, DATES, ROUTE, AND SPECIAL INSTRUCTIONS AND LIMITATIONS



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

(AGENCY)

Allotment

Obligation

3. DATE 9/26/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

David Andrew Smith, USAF, 1000 1st St, NE, Washington, DC 20002



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

Allotment

Obligation

3. DATE 9/16/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS



FORM NO. 101 (REV. 10-1-60) OFFICIAL TRAVEL AUTHORIZATION
U.S. Department of State

(AGENCY) THE STATE DEPARTMENT

Allotment

Obligation

3. DATE 9/25/60

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

STATE DEPARTMENT, WASHINGTON, D.C. 20520
OFFICE OF THE SECRETARY OF STATE



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY) **TSN**

Allotment - Obligation

3. DATE **9/15/80**

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

1. PURPOSE

2. DATES AND LOCATIONS



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY)

Allotment

Obligation

3. DATE 10/23/80

You are hereby authorized to perform official travel at Government expense as indicated herein: Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

1. PURPOSE OF TRIP: To attend the 1980-81 National Conference on the Status of Women, held at the Marriott Hotel, Washington, D.C., from October 23-25, 1980.



TEMPORARY DUTY (TDY) OFFICIAL TRAVEL AUTHORIZATION

U.S. Department of State

(AGENCY)

Allotment

Obligation

3. DATE

9/13/80

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

5. AUTHORIZING OFFICE

7. APPLICABLE REGULATIONS

(AGENCY)		DATE August 10, 1960
You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.		
4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)	5. AUTHORIZING OFFICE	7. APPLICABLE REGULATIONS
Mr. Robert Rosa Department of State	Special Sec. Number	☐ FSTR ☐ FTR

Name: Robert D. Ayling Title: Staff Assistant	Name: Mr. W. J. Smith Title: Budget Officer	Name: Mr. W. J. Smith Title: Budget Officer
6. AUTHORIZING CLASSIFICATION CODES - The coding (A through D) must be shown on all documents issued under this authority. (A) Through (D) must be shown on all documents issued under this authority. (A) Through (D) must be shown on all documents issued under this authority.		

You are hereby authorized to perform official travel at Government expense as indicated herein. Unless otherwise noted, all expenses and the maximum per diem under the regulations are authorized.

4. NAME, TITLE, AND ADDRESS (Home address for non-Government personnel)

Mr. George Twibla
Department of State
Washington, D.C.

5. AUTHORIZING OFFICE

6* SOC. SEC. NUMBER

7. APPLICABLE REGULATIONS

☐ FSTR ☐ FTR

10. TRAVEL INFORMATION

Title: *Chief of Mission*

Address: *1000 15th St. N.W.*

Phone: *205-4000*

11. ACCOUNTING CLASSIFICATION CODES - The coding (A through D) must be shown on all documents issued under this authority and must appear on all vouchers, invoices, T.R.'s, G.S. L's, etc. (For PCA, A through C must be shown)